

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES**

DATE: February 15-16, 2007

TIME: 9:00 am Both Days

LOCATION: Hilton Los Angeles Airport
5711 West Century Blvd.
Los Angeles, CA 90045

PRESENT: LaFrancine Tate, Public Member, President
Grace Corse, RN, Vice President
Andrea Guillen Dutton,
Carmen Morales-Board, MSN, RN, NP
Elizabeth O. Dietz, Ed.D., RN, CS-NP
Janice Glaab, Public Member
Susanne Phillips, MSN, RN, APRN-BC, FNP

NOT PRESENT: Janice Glaab, Public Member (February 16, 2007)
Nancy L. Beecham, RNC, BS (February 15-16, 2007)

ALSO PRESENT: Ruth Ann Terry, MPH, RN, Executive Officer
Heidi Goodman, Assistant Executive Officer
Elliot Hochberg, Manager, Enforcement Program
Carol Stanford, Manager, Diversion/Probation Program
Louisa Gomez, Manager, Licensing Standards & Evaluation; Advanced Practice
Louise Bailey, MEd, RN, Supervising NEC
Janette Wackerly, MBA, RN, NEC
Kay Weinkam, MS, RN, NEC
Katie Daugherty, MN, RN
Maria Bedroni, EdD, MN, RN, NP, Supervising NEC
Grace Arndt, MSN, RN, NEC
Badrieh Caraway, RN, MS, Med, NEC
Carol Mackay, RN, NEC
Antonette Sorrick, DCA, Deputy Director of Board Relations
Humberto Flores, Administrative Law Judge
Joseph N. Zimring, Deputy Attorney General
LaVonne Powell, DCA, Legal Counsel
Kent Harris, Legal Counsel (via phone 2/15/07)
Wendy Garske, Enforcement Program
Eleanor Calhoun, Recording Secretary

Thursday, February 15, 2007

1.0 CALL TO ORDER

L. Tate, Board President, called the meeting to order at 9:05 am and had the Board Members introduce themselves. The Board welcomed students from Los Angeles City College, and Oklahoma State University.

2.0 DISCIPLINARY MATTERS

The Board convened in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on these matters and other disciplinary matters including stipulations and proposed decisions, and pursuant to Government Code Section 11126(e)(1, 2(A)) to confer with Legal Counsel regarding pending litigation.

Reinstatements

DANEK, Jeanne Anne	DENIED
GALLEA, Michelle Ann	GRANTED, 3 years probation
HABIB, David	DENIED
JARAMILLO, Rodney	DENIED
LOPEZ, Carole Ann	GRANTED, 3 years probation
ROBERTSON, Lasonya T.	GRANTED, 3 years probation
RUSH, Carolyn Gay	GRANTED, 5 years probation

Closed Session Discussion Items

L. Tate, Board President, called the closed session meeting to order at 2:15 pm. The closed session adjourned at 4:50 pm.

Friday, February 16, 2007

L. Tate, Board President, called the meeting to order at 9:00 am and had the Board Members introduce themselves.

OPEN FORUM

None

4.0 APPROVE/NOT APPROVE MINUTES OF December 13-16, 2006 Board Meeting

MSC: Dietz/Phillips that the Board approve minutes from the December 13-16, 2007 Board meeting. 5/0/2 – Corse, Morales-Board not present.

5.0 REPORT ON BOARD MEMBERS' ACTIVITIES

L. Tate & G. Corse along with R. Terry & L. Bailey attended the County of Los Angeles Sheriff's Department Medical Services Bureau on January 31, 2007, and attended the Association of California Nurse Leaders Conference in San Diego, April 1-4, 2007.

6.0 EXECUTIVE OFFICERS' REPORT ON BOARD AND DEPARTMENT ACTIVITIES

R. Terry presented this report

Antonette Sorrick, DCA, Deputy Director of Board Relations stressed the importance of the Governor's Healthcare Reform and the Department's commitment to it.

Charlene Zettel, Director of the Department of Consumer Affairs was appointed to the San Diego Airport Authority and will be leaving DCA. Scott Reid, Chief Deputy Director will be acting Director.

1.0 Department of Consumer Affairs (DCA) Updates

Board Member Orientation – In accordance with Business and Professions Code Section 453, Board Members are required to attend DCA's Board Member Orientation within one year of their appointment. The upcoming orientation will be held in San Diego on Wednesday March 14, 2007, at the Holiday Inn San Diego Bayside, from 9:00 am to 3:30 pm. The next Board Member orientation is set for September 19, 2007, in Oakland.

Appointments – Scott Reid has been appointed Chief Deputy Director for the Department of Consumer Affairs. Scott most recently served as chief deputy cabinet secretary for the Office of Governor Schwarzenegger. He also served as the deputy secretary for policy and planning at the State and Consumer Services Agency.

Debra Gonzales has been selected as the new Chief Information Officer for the Department of Consumer Affairs. She comes to the Department from Victim Compensation and Government Claims Board.

Bruce Edwards has been selected to fill the position of Chief with the Division of Investigation. Bruce comes to DCA with 30 years of investigatory and managerial experience with the Department of Health Services.

iLicense Update – Progress continues with the Department's efforts to replace the existing on-line system that allows applicants and RNs to use the Internet and pay the required fees using a credit card. The next step in this process consists of selecting the oversight consultants, and completing the solution vendor request for proposal that is to be released in April 2007. It is anticipated that if the current deadlines are met, the solution vendor will begin during the last quarter of 2007.

The Board acknowledged all the dedication and project management talent that Warren Sherard, iLicensing Project Manager, brought to this extremely important project for the Board and DCA. Mr. Sherard recently accepted a position with CalPers.

Contract Unit Update- A workgroup was formed by DCA's Contract Unit to improve contract processes for all Boards/Bureaus. Pam Hegje is the Board's contracts analyst and is representing the Board at this roundtable.

Bureau of Private Post Secondary and Vocational Education (BPPVE) – Currently, this Bureau is due to Sunset on July 1, 2007; however efforts are underway to revamp this program. BPPVE reviews and approves private vocational education programs, including registered nursing programs.

Office of Privacy Protection – This office, headed by Joan McNabb, will merge with the security portion of the Department of Finance and will become the California Office of Privacy Protection and Information Security under the State and Consumer Services Agency. This is due to take place on July 1, 2007.

Green California Summit and Exposition – On March 13th and 14th the opportunities and challenges in developing a culture of “working green” in California will be presented. This summit will provide state professionals an opportunity to learn about the full range of green products and services that can help the State achieve its “Green California” goals. This summit will be held at the Sacramento Convention Center.

New DCA Logo – A new logo for the Department was unveiled this January. The graphics represents equality among the entities and a level playing field that is the foundation of a fair and competent marketplace for consumer protection, which is DCA’s mission.



2.0 Public Record Request

The Board continues to comply with public record request and responds within the required timeframes that are set in the Government Code Section 6250. For the period of December through January 2007 the Board received and processed 60 public record requests.

3.0 Continuity of Operations/Continuity of Government (COOP/COG)

Governor Schwarzenegger issued Executive Order S-04-06 that directs all Executive Branch agencies to update their Continuity of Operations/Continuity of Government plans.

Continuity of Operations (COOP) focuses on government’s ability to continue essential services in the event of a catastrophic event. Continuity of Government (COG) has been defined as the preservation, maintenance, or reconstitution of government’s ability to carry out its constitutional responsibilities.

The Board submitted its plan to the Department as requested. On a monthly basis board staff meets with departmental and other board/bureau staff to review and update the COOP/COG plan as necessary.

At a recent DCA Executive Officers Meeting and a Manager/Supervisor Forum Kathleen Webb from State and Consumer Services Agency and Sonny Fong from Department of Water Resources presented an overview of the importance of COOP/COG planning within state government. During their presentation a film was shown that demonstrated a levee breach and the impact on the community and the importance of having these workable plans in place.

4.0 Personnel

The following personnel changes have transpired since the last Board Meeting:

<u>New Hires</u>	Classification	Board Program
Gina Shellhammer	Staff Services Analyst	Enforcement
John Tagtmeier	Office Assistant	Office Services Support
Natalie Weber	Office Assistant	Office Services Support
Mario Zetter	Key Data Operator	Licensing Support
Anthony Medina	Key Data Operator	Licensing Support
Kami Pratab	Staff Services Analyst	Licensing Evaluation
<u>Promotions</u>	Classification	Board Program
Marc Cardenas	Office Services Sup I	Licensing Support
<u>Separations</u>	Classification	Board Program
Eleanor Galvan	Key Data Operator	Licensing Support
Raynell Davis	Office Services Sup I	Office Services Support

5.0 Executive Officer's Activities

01/08-10/07 Attended the NCSBN Institute for Regulatory Excellence in San Diego.

01/31/07 Attended and gave a presentation at the County of Los Angeles Sheriff's Department Medical Services Bureau.

02/02-04/07 Attended and presented the BRN update at the Association of California Nurse Leaders Conference in San Diego.

02/06-09/07 Attended NCSBN Board Meeting in Chicago.

7.0 REPORT OF THE ADMINISTRATIVE COMMITTEE

L. Tate, Chairperson

7.1 Information Only: Overview of the Governor's Healthcare Reform

R. Terry presented this report

Antonette Sorrick, Deputy Director of Board Relations for DCA provided an overview of the Governor's Healthcare Reform to the Board.

7.2 Information Only: Budget Update

R. Terry presented this report

2007/2008 Governor's Budget

The Governor's Budget for FY 2007/08 was presented to the Legislature on January 10, 2007 and the Board's budget is \$22.8 million. The Board submitted two BCP's for FY 2007/08; a Public Information Unit workload request for 4.0 permanent Office Technician-Typing positions with \$366,000 and \$214,000 ongoing, and a Public Records Act/Cite and Fine workload request for 1.0 permanent Staff Services Analyst position with \$58,000 and

\$56,000 ongoing. The Department of Finance approved both BCP position requests but did not approve funding for the positions. The positions will be funded within existing expenditure authority. Beginning FY 2007/2008 the Board will have 98.0 PYs.

2006/2007 BRN Budget and Reserve

The Board's current year budget is \$21.3 million with 93.0 PYs. The Board's Fund Condition had a reserve of 7.5 months in prior year 2005/06, a is projecting a reserve of 8.4 months for current year 2006/2007, and 5.4 months for budget year FY 2007/08. In FY 2003/04 the Board loaned the General Fund \$12 million. The final loan repayment is expected this FY in the amount of \$6.2 million plus \$626,000 in interest, which will assist the Board in maintaining a healthy reserve this FY.

Current Year Budget Projections

The Board's current year budget is being monitored to maintain the business of the Board and ensuring only necessary expenditures are being made. The Board expended 49% of its budget in the first six months of this FY.

Budget Summary

2006/2007 Gov's Budget \$21,308,604	2006/2007 Projected Expenditures \$20,608,595	2006/2007 Year to Date Expenditures \$10,613,249
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The Board will continue to monitor its' Budget.

8.0 REPORT OF THE LEGISLATIVE COMMITTEE

L. Tate, Chairperson

8.1 Information Only: 2006 Goals and Objectives – Summary of Accomplishments

L. Bailey presented this report

GOAL 1:

Keep the Board of Registered Nursing informed about pertinent legislation and regulations that may affect nursing practice, education, and nurses' roles in the delivery of health care and administrative functions of the Board.

OBJECTIVE: 1.1

Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

- *The committee provided information and analyses of each bill followed, and made recommendations to the Board at each Board meeting.*
- *During the 2006 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. There were twenty-three (23) bills followed by the Board. The Governor signed*

twelve (12) bills into law, and eleven (11) either failed in committee or were no longer applicable to the Board.

A copy of the 2006 Legislative summaries that provide a brief description of the chaptered bills was presented to the Board for review.

GOAL 2:

Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1

Advocate for or against legislation as directed by the Board.

The committee monitored legislative bills relative to the Board and committee staff advocated for bills supported by the Board and voiced the concerns of the Board for those bills in opposition.

- *Committee staff continued to respond to public inquires concerning bills followed by the Board.*
- *Numerous legislative Committee hearings, concerning bills followed by the Board, were attended.*

OBJECTIVE: 2.2

Review and suggest appropriate amendments as necessary.

- *The committee staff participated in recommending and writing amendments to specific bills relative to Board action.*
- *Committee staff attended legislative meetings and communicated with legislator's staff to articulate the Board's position on specific bills.*
- *Committee staff sent letters to various senators and assembly members expressing the Board's position of support or opposition to their respective bills.*
- *The Governor was sent letters requesting that specific bills, relative to the Board of Registered Nursing and consistent with Board's action, be signed or vetoed.*

GOAL 3:

Serve as a resource to other Board Committees on legislative and regulatory matters.

OBJECTIVE: 3.1

Assist other Board Committees in reviewing legislative regulatory proposals.

The committee staff served as a resource to other Board Committee members and committee liaisons concerning legislative issues that impacted their respective committees. The following are examples of issues and projects on which the Committee staff collaborated with other committees:

- *Medi-Cal: nurse practitioner (Chan) – Nursing Practice Committee*
- *Pupil Health: Individuals with exceptional needs (Saldana) – Nursing Practice Committee*

- *Vehicles: disabled persons: disabled veterans: parking placards (Liu) – Nursing Practice Committee*
- *Community Colleges: Faculty (Daucher) - Education/Licensing Committee*
- *State agencies: accounts: reports (Keene) Administrative Committee*
- *Speech-language pathology (Aanestad) – Nursing Practice Committee*
- *Nursing education: grants, loan assumptions, and faculty recruitment and retention (Scott) – Education/Licensing Committee*
- *Laser procedures (Figueroa) – Nursing Practice*
- *Professions and Vocations/Sunset (Figueroa) – Administrative Committee*

GOAL 4:

Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1

Evaluate additional resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

- *Staff utilized the California Legislative Information maintained by the Legislative Council on the Internet, as well as State Net. Legislative publications from various associations, and state publications, were also used as resources for legislative activities.*

OBJECTIVE: 4.2

Maintain consistent dialogues with Department of Consumer Affairs (DCA) Legislative Unit, Legislators and their staff.

The committee was proactive in identifying and monitoring legislation relative to the Board.

- *Committee staff met and communicated frequently and regularly with DCA Legislative staff to identify proposed legislation and its potential impact on the BRN.*
- *Committee staff met and communicated frequently with organizations, and sponsors of legislation to articulate and clarify issues relative to the BRN.*
- *Committee staff met with the Associate Degree Nursing Program Directors and the Baccalaureate Degree Nursing Program Directors and presented proposed legislation that impacted the programs.*

8.2 Information Only: 2005-2006 Legislative Session Summary

L. Bailey presented this report

During the 2005/2006 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. Although these bills address many subjects, each affects registered nursing in some way. There were forty-five (45) bills followed by the Board, twenty-five (25) were signed into law by the Governor, two (2) were vetoed and eighteen (18) failed in committees or were no longer applicable to the Board. The following is a brief description of the chaptered bills followed

by the Board. Unless otherwise stated, the statutes of 2005 became effective January 1, 2006, and the statutes of 2006 became effective January 1, 2007.

AB 702 (Koretz)

Chapter 611, Statutes of 2005

Nursing Education

AB 702 allows the Office of Statewide Health Planning and Development to provide financial assistance to students who are seeking a master's or doctoral degree in nursing, from funds in the Registered Nurse Education Program within the Health Professions Education Foundation. It requires that a registered nurse or student must commit to teaching nursing in a California nursing school for five (5) years in order to receive a scholarship or loan repayment for a master's or doctoral degree program.

AB 1116 (Yee)

Chapter 637, Statutes of 2005

Community care facilities: foster children: injections

AB 1116 authorizes designated foster care providers and other persons to administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock, and subcutaneous injections of other prescribed medication, to a foster child, if the provider is trained to administer injections by a licensed health care professional. It also requires the licensed health care professional to periodically review, correct, or update this training, as the health care professional deems necessary and appropriate.

AB 1280 (Maze)

Chapter 515, Statutes of 2005

Public Postsecondary Education: California Community College Baccalaureate Partnership Program

AB 1280 authorizes the Office of the Chancellor of the California Community Colleges to annually award up to two grants, not to exceed fifty thousand dollars (\$50,000) each, to collaboratives formed for the purpose of offering baccalaureate degree programs on participating community college campuses. A collaborative is composed of at least one community college and at least one baccalaureate degree-granting institution.

AB 1711 (Strickland)

Chapter 58, Statutes of 2005

Health Facilities: Immunizations

AB 1711 authorizes a registered nurse or licensed pharmacist to administer, in skilled nursing facilities, influenza and pneumococcal immunizations to patients over 50 years of age, pursuant to standing orders and without patient-specific orders. If the immunization standing orders are not patient specific, then the orders must meet specified federal recommendations and be approved by the medical director of the facility.

SB 68 (Committee on Budget & Fiscal Review)
Chapter 78, Statutes of 2005
Human Services

SB 68 provides for the expansion of the Song-Brown Family Physician Training Act to include increasing the number of students receiving education as registered nurses, through the administration of contracts with nursing education programs.

SB 73 (Committee on Budget & Fiscal Review)
Chapter 592, Statutes of 2005
Public Postsecondary Education: Master's Degree Nursing Program

SB 73 appropriates \$3,440,000 from the General Fund to the Regents of the University of California and the Trustees of the California State University for the 2005-06 fiscal year for one-time expenditures for instructional equipment, classroom and laboratory renovations, curriculum development, and faculty recruitment for entry-level master's degree nursing programs. It requires an increase of at least 130 full-time equivalent students in entry-level master's degree nursing programs, beginning in the 2006-07 fiscal year.

SB 102 (Ducheny)
Chapter 103, statutes of 2005
Nurse Training Funding

SB 102 authorizes the Employment Training Panel to utilize funds in the Employment Training Fund to finance up to five (5) licensed nurse training programs to educate individuals who are currently working as nurse assistants or caregivers in health facilities.

SB 614 Figueroa
Chapter 266, Statutes of 2005
Certified Nurse-Midwives

SB 614 deletes the requirement that Schedule II controlled substances, ordered by certified nurse-midwives, can only be ordered in a hospital setting. It authorizes a certified nurse-midwife to furnish or order Schedule II controlled substances under conditions applicable to Schedule III, IV, or V controlled substances. It also requires that a certified nurse-midwife with an active furnishing number provide specified documentation of continuing education relating to Schedule II controlled substances, outside the hospital setting.

SB 724(Scott)
Chapter 269, Statues of 2005
California State University: Doctoral Degrees

SB 724 authorizes the California State University to award the Doctor of Education degree, and prescribe standards for the awarding of that degree. It requires the California State University, the Department of Finance, and the Legislative Analyst's Office to jointly conduct, in accordance with prescribed criteria, a statewide evaluation of the doctoral programs implemented under the bill and to report the results of the evaluation, in writing, to the Legislature and the Governor on or before January 1, 2011.

SB 734 (Torlakson)
Chapter 487, Statutes of 2005
Controlled Substances

SB 734 requires the prescription form for controlled substances, among other provisions, be obtained from security printers approved by the Department of Justice, instead of the Board of Pharmacy. The Department of Justice will provide the applicant with the means and directions to provide fingerprints and related information, for the purpose of completing state, federal, or foreign criminal background checks. Also, if a practitioner is charged with a felony violation relative to controlled substances, the court, in its orders, would be required to prohibit a practitioner from obtaining, ordering, or using any additional prescription forms, and require the law enforcement agency to notify the Department of Justice.

SB 796 (Figueroa)
Chapter 686, Statutes of 2005
State Government Operation Accountability

SB 796 enacts the Government Modernization, Efficiency, Accountability, and Transparency Act of 2005, which, among other provisions, would require until January 1, 2012, every state agency, department, board, bureau, commission, or other governmental entity that issues permits or licenses to individuals or businesses to do the following: Post on a Web site, no later than January 1, 2007, a link entitled "customer service" that contains, among other things, specified information for frequently asked questions, forms and applications, and instructions for filing complaints in electronic format via the Internet. Post on its homepage of the Website, no later than January 1, 2007, a link entitled "Decisions Pending and Opportunities for Public Participation", referencing all public meetings and agendas related to state regulatory actions. Hearings on proposed regulations are televised over the Internet via a Web cast or other technology, to the extent practicable.

SB 1111(Figueroa)
Chapter 621, Statutes of 2005
Professions and Vocations

SB 1111 deletes the requirement that an applicant who fails the NCLEX examination be reexamined, but not more frequently than once every three months

AB 1591 (Chan)
Chapter 719, Statutes of 2006
Medi-Cal: nurse practitioners

AB 1591 requires the State Department of Health Services to allow any certified nurse practitioner to bill Medi-Cal independently for his or her services, and the Department would be required to make payment directly to the certified nurse practitioner.

AB 1667 (Saldana)

Chapter 414, Statutes of 2006

Pupil health: individuals with exceptional needs: specialized physical health care services.

AB 1667 permits individuals with exceptional needs that require specialized physical health care needs, during the regular school day, to be assisted by qualified designated school personnel trained in the administration of specialized physical health care services, under the supervision of a credentialed school nurse or physician. The services provided by designated school personnel must be routine for the pupil, pose little potential harm, be performed with predictable outcomes and not require a nursing assessment, interpretation, or decision making by the school personnel.

AB 2120 (Liu)

Chapter 116, Statutes of 2006

Vehicles: disabled persons: disabled veterans: parking placards.

AB 2120 authorizes certified nurse practitioners, certified nurse midwives and physician assistants to sign the required certificate substantiating an applicant's disability, in order to receive a disabled parking placard from the Department of Motor Vehicles.

AB 2564 (Matthews)

Chapter 889, Statutes of 2006

Health facilities: criminal record clearances and blood glucose testing.

AB 2564 authorizes direct care staff that are trained and certified by a registered nurse, to administer blood glucose testing for a person with developmental disabilities who has diabetes and is residing in an intermediate care facility/developmentally disabled habilitative or an intermediate care facility/developmentally disabled nursing.

AB 2609 (Evans)

Chapter 615, Statutes of 2006

Residential facilities for the elderly: employee training.

AB 2609 increases the required training hours and specifies training requirements for employees in Residential Care Facilities for the Elderly who assist residents with self-administration of medication.

SB 1285 (Aanestad)

Chapter 153, Statutes of 2006

Speech-language pathology

SB 1285 expands the scope of practice of a speech-language pathologist by authorizing pathologist to include performing suctioning, after compliance with a medical facility's training protocols, and to perform flexible endoscopic procedures in any facility that has protocols for the procedures. It authorizes a speech-language pathologist to pass a flexible fiberoptic nasendoscopic instrument only under the direct authorization of an

otolaryngologist certified by the American Board of Otolaryngology and under the supervision of a physician.

SB 1301 (Alquist)

Chapter 647, Statutes of 2006

Health facilities: reporting and inspection requirements

SB 1301 requires the Department of Health Services (DHS) to take various actions related to the reporting and investigation, by the department, of any adverse event that occurs at a general acute hospital, acute psychiatric hospital or special hospital. It requires a general acute hospital, acute psychiatric hospital, or special hospital, to report to the department any adverse event within 5 days of its discovery. If the adverse event is an urgent threat to the welfare, safety or health of patients, personnel, or visitors, the event must be reported to the Department within 24 hours of its discovery. It would require DHS to conduct an onsite inspection or investigation within 48 hours or 2 business days of a complaint involving the threat of imminent danger of death or serious bodily harm. The outcomes of the inspections would be posted on the department's Internet Web Site.

SB 1309 (Scott)

Chapter 837, Statutes of 2006

Nursing education; grants, loan assumptions, and faculty recruiting and retention.

SB 1309 expands the capacity of the state's institutions of higher education to prepare students for nursing careers. It establishes:

- Health Science and Medical Technology Project to provide competitive grant funds to California public schools, to enhance existing or establish new health-related career pathway programs.
- State Nursing Assumption Program of Loans for Education.
- California Community College Nursing Faculty Recruitment and Retention Program for the purpose of facilitating the recruitment and retention of qualified nursing faculty.
- Nursing Enrollment Growth and Retention program in the Chancellor's Office of the Community Colleges to facilitate the expansion of associate degree nursing programs and the improvement in completion rates in those programs.
- Regional nursing resource center grants to develop clinical placement of students and clinical faculty resource systems.
- Expansion of future baccalaureate, accelerated master's degree, ADN transition to BSN and MSN degree nursing enrollment with annual appropriations in the State Budget Act.

SB 1423 (Figueroa)

Chapter 873, Statutes of 2006

Laser procedures

SB 1423 requires the Medical Board of California, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, to evaluate and study issues surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by health care practitioners, and report

to the Legislature by January 1, 2008. It also requires each board to promulgate regulations to implement changes as a result of the evaluation and study.

SB 1476 (Figueroa)
Chapter 658, Statutes of 2006
Professions and vocations

SB 1476 extends the (Sunset) provisions, relative to the Board of Registered Nursing, to become inoperative on July 1, 2010, and repeal them on January 1, 2011.

8.3 Approve/Not Approve: Goals and Objectives for the two year Legislative Session 2007-2008

L. Bailey presented this report

GOAL 1: Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care and administrative functions of the Board.

OBJECTIVE: 1.1 Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

GOAL 2: Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1 Advocate for or against legislation as directed by the Board.

OBJECTIVE: 2.2 Review and suggest appropriate amendments as necessary.

GOAL 3: Serve as a resource to other Board Committees on legislative and regulatory matters.

OBJECTIVE: 3.1 Assist other Board Committees in reviewing legislative and regulatory proposals.

GOAL 4: Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1 Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

OBJECTIVE: 4.2 Maintain consistent dialogue with DCA legislative unit, legislators and their staff.

MSC: Phillips/Dutton that the Board approve the Goals and Objectives for the 2007-2008 Legislative Session. 6/0/0

8.4 Information Only: Adopt/Modify Positions on the following Bills, and any other Bills of Interest to the Board

L. Bailey presented this report

AB 64 Berg: Uniform Emergency Volunteer Health Practitioners Act

MSC: Phillips/Dutton that the Board support AB 64. 6/0/0

AB 68 Dymally: Schools

MSC: Morales-Board/Dietz that the Board support AB 68. 6/0/0

AB 139 Bass: Vehicles: schoolbus drivers: medical examinations

MSC: Dietz/Phillips that the Board support AB 139. 6/0/0

SB 139 Scott: Nursing education

MSC: Dietz/Corse that the Board watch SB 139. 6/0/0

9.0 REPORT OF THE DIVERSION/DISCIPLINE COMMITTEE

G. Corse, Chairperson

9.1 Information Only: Enforcement Program Update and Statistics

E. Hochberg presented this report

A copy of the Enforcement Program statistics for the Fiscal Year 2006-2007 (July 2006 through November 2006) were provided for review.

Projections indicate that the number of accusations that will be filed in this fiscal year will be the highest or near the highest on record. However, there is only a slight increase in the projected number of disciplinary actions taken.

The Board will continue to monitor statistics, with special emphasis on the increasing caseload at the Attorney General's Office. Additionally, the Enforcement Program is monitoring the caseload and the number of hours being used by the Division of Investigation.

9.2 Approve/Not Approve: Legislative proposal to Amend Business and Professions Code Section 2732.05

E. Hochberg presented this report

A copy of the legislative concept memo and proposal for amendments to Business and Professions Code Section 2732.05 were provided for review. The proposal would clarify that employers and agents must check on the status of all licenses, permits, and certifications issued by the board, when such employees are required to hold such licenses, permits and certifications.

MSC: Dietz/Phillips that the Board approve the proposed amendment. 6/0/0

9.3 Approve/Not Approve: Legislative Proposal to Amend Business and Professions Code Section 2760.1

E. Hochberg presented this report

A copy of the legislative concept memo and proposal for amendments to Business and Professions Code Section 2760.1 were provided for review.

The proposal would amend the time period when applicants for licensure as registered nurses may petition the board for a change in their discipline status. The proposal further amends the statute to clarify that sex offenders registered in any state may not petition the board for reinstatement of a revoked license.

MSC: Dietz/Phillips that the Board approve the proposed amendment. 6/0/0

9.4 Approve/Not Approve: Legislative Proposal to Amend Business and Professions Code Section 2761.1

E. Hochberg presented this report

A copy of the legislative concept memo and proposal for amendments to Business and Professions Code Section 2761.1 were provided for review.

The proposal would prevent a registered sex offender in California or any other state with comparable laws from applying for a license as a registered nurse.

MSC: Dietz/Phillips that the Board approve the proposed amendment. 6/0/0

9.5 Approve/Not Approve: Proposed Goals and Objectives for Calendar Years 2007-2008

E. Hochberg presented this report

The Enforcement program provides statistics on a fiscal year basis, rather than calendar year. In order to provide information that crosses over the calendar year, the program will now update its goals and objective bi-annually.

GOAL 1:

The Enforcement Program will promote consumer protection by effectively intervening to restrict the practice or revoke the licenses of registered nurses who have violated the Nursing Practice Act and related laws.

OBJECTIVE 1.1: The Enforcement Program will develop cost effective, efficient, and innovative methods for managing discipline cases to achieve desired outcomes.

- Continue to evaluate and monitor activity of the Attorney General's (AG's) Office, including case statistics, and future projections in light of the current budget augmentation in fiscal year 2005-2006. Monitor AG and DOI compliance with timeframes and streamlining procedures.
- Explore innovative procedural changes to provide timely completion of cases within the BRN.

- Evaluate case outcomes to identify strategies to enhance Enforcement Program effectiveness and efficiency.

OBJECTIVE 1.2: The Enforcement Program will evaluate the impact of state and federal statutes and regulations affecting the program, identify the need for modifications, and proceed with implementation of new statutes and state regulations, and policy.

- Facilitate and promote pending legislation, regulation, and policy changes.
- Use the regulatory process to update the Disciplinary Guidelines that went into effect in 2003.

OBJECTIVE 1.3: The Enforcement Program will continue its contact with the National Council of State Boards of Nursing (NCSBN), and improve outreach to the public, health care providers, and other health related government agencies.

- Work with NCSBN on the Disciplinary Resources Advisory Panel and other projects as they arise.
- Disseminate enforcement-related information through the Board's newsletter, website, and through other innovative means.
- Conduct outreach to health care providers, the public, and other government agencies through innovative ways, as permitted under the current budget situation.

MSC: Dietz/Morales-Board that the Board approve the proposed goals and objectives. 6/0/0

9.6 Information Only: Enforcement Program: 2006 Goals and Objectives – Summary of Accomplishments

E. Hochberg presented this report

A summary of Enforcement Program accomplishments for 2006 was presented for review.

GOAL 1:

The Enforcement Program will promote consumer protection by effectively intervening to restrict the practice or revoke the licenses of registered nurses who have violated the Nursing Practice Act and related laws.

The Enforcement Program made structural and staffing changes in the year 2006.

- *Promotion of a case management analyst to a management position outside of the department, reclassification of the position, and subsequent hire of a staff services analyst to a newly created case analyst position.*
- *Promotion of the legal desk analyst to a manager position in another unit within the board, and subsequent hire of an associate governmental program analyst to the legal desk.*
- *Promotion of an office technician from another unit within the board to a newly created management services technician position.*
- *Reassignment of a staff services analyst to the complaint intake position*

OBJECTIVE 1.1: The Enforcement Program will develop cost effective, efficient, and innovative methods for managing discipline cases to achieve desired outcomes.

- ◆ Continue to evaluate and monitor activity of the Attorney General's (AG's) Office, including case statistics, and future projections in light of current budget limitations, and augmentation in fiscal year 2005-2006. Monitor AG and Division of Investigation (DOI) compliance with timeframes and streamlining procedures.

The AG budget augmentation continued to be closely monitored during 2006, as expenditures exceeded the augmented budget. Individual case expenditures were also being monitored. The AG's Office provided regular reports on the budget status, and quarterly updates on case aging status. These AG quarterly reports were checked against reports generated by the Enforcement Program.

The DOI case workload was monitored in 2006, and meetings with the Chief and Deputy Chief occurred. Workload and staffing issues surfaced as a concern for DOI during 2006, resulting in DOI recommending guidelines for assignment of case investigations, and also resulting in a list of cases being recommended for return to Enforcement. The program continues to review DOI guidelines and is providing updates on those cases that cannot be closed.

- ◆ Explore innovative procedural changes to provide timely completion of cases within the BRN.

The Enforcement Program Manager and Enforcement staff continued to make changes to the instructional information provided to DOI, subsequent to the comprehensive training program to DOI.

The Enforcement Program Manager has continued to work with the AG liaison on numerous policy and procedural issues, and systems issues, on cases transmitted to their various offices. The Enforcement Program Manager has also worked with the supervisory AG staff on such issues.

- ◆ Evaluate case outcomes to identify strategies to enhance Enforcement Program effectiveness and efficiency.

Retrospective review of stipulated agreements, proposed decisions, and default decisions continue to be conducted by the Enforcement Program Manager to identify issues of aging, internal Enforcement Program procedural problems, and external procedural issues, including expenditures on AG cases.

OBJECTIVE 1.2: The Enforcement Program will evaluate the impact of state and federal statutes and regulations affecting the program, identify the need for modifications, and proceed with implementation of new statutes and state regulations, and policy.

- ◆ Facilitate and promote pending legislation, regulation, and policy changes.

In 2006, three legislative proposals were submitted for review, and will appear on the agenda for the Diversion/Discipline Committee on January 11, 2007. These proposals would:

- 1) Clarify that employers and agents must check on the status of all licenses, permits, and certifications issued by the Board, when employees are required to hold such licenses, permits and certifications.*
- 2) Clarify that sex offenders registered in any state may not petition the board for reinstatement of a revoked license.*
- 3) Prevent registered sex offenders in California or any other state with comparable laws from applying for a license as a registered nurse.*

- ◆ Review the Disciplinary Guidelines that went into effect in 2003 for their impact and any needed changes.

On December 15, 2006, the Board approved regulation amendments to the Disciplinary Guidelines “standard conditions of probation”, revised last on May 24, 2003. The Disciplinary Guidelines are incorporated by reference into Title 16, Section 1444.5 of the California Code of Regulations

OBJECTIVE 1.3: The Enforcement Program will continue its contact with the National Council of State Boards of Nursing (NCSBN), and improve outreach to the public, health care providers, and other health related government agencies.

- ◆ Work with the National Council of State Boards of Nursing (NCSBN) on the Disciplinary Resources Advisory Panel and other projects as they arise.

The Enforcement Program Manager continues to participate in this committee, which is intended to expand resource material for member boards and also plan for an Investigator/Attorney conference in San Francisco in 2007. In addition, the Enforcement Program Manager participated in another Enforcement related NCSBN activity on December 11, 2006 in Arlington Virginia.

Enforcement Program staff continue to maintain contact with NCSBN staff on issues regarding the enforcement database known as Nursys, and with federal officials regarding the enforcement database known as HIPDB .

- ◆ Disseminate enforcement-related information through the Board’s newsletter, website, and through other innovative means.

The license verification system on the board’s website had major additions in 2006, as it now includes historical disciplinary information for over 2,000 current and former RN licensees which can be downloaded from this site. This discipline information includes formal charges (e.g. accusations and statements of issue) and disciplinary actions (administrative decisions, stipulated agreements, and default decisions). Such information can be obtained under the specific individual’s name or license number, and is an imaged or scanned PDF format. This easily accessible

information promotes public protection and assists with requirements of the California Public Records Act.

- ◆ Conduct outreach to health care providers, the public, and other government agencies through innovative ways, as permitted under the current budget situation.

The Enforcement Program Manager was a guest speaker for the Committee for Recognition of Nursing Achievement (CRONA) in Redwood City, on October 3rd 2006. CRONA is an organization representing nurses at Lucile Packard Children's Hospital and Stanford Hospital. The program manager provided an overview of the Enforcement Program, and disciplinary process.

9.7 Information Only: Probation Program Update and Statistics

C. Stanford presented this report

Program Update

Dr. Watrous, a DEC member for the BRN's Diversion Program, with expertise as a toxicologist, medical review officer, and treatment provider for the chemically dependent, conducted an in-service training for the Probation and Diversion staff on November 1st. The training was on the Addictive Personality, Relapse, Rehabilitation, Treatment and Alcohol/Drug Testing.

The Probation Program has initiated the new guidelines regarding the BRN's Drug Screening Program. Letters went out the first week of December regarding the new drug screening process. The new phone-in process began January 2nd.

Paul Hochscheid has been hired to replace Rashana Wright as the Office Technician for the Probation Program. He was originally working at the BRN in the Renewal's Unit.

Statistics - Below are the current statistics for the Probation Program through 12/19/2006.

MALE	129
FEMALE	331
CHEMICAL DEPENDENCY CASES	264
PRACTICE CASES	137
SOUTHERN CALIFORNIA	239
NORTHERN CALIFORNIA	221
PENDING AT THE AG	45
ADVANCED CERTIFICATES	42
TOTAL IN-STATE PROBATIONERS	460

9.8 Information Only: Diversion Program Update and Statistics

C. Stanford presented this report

On November 9, 2006, the Diversion Program Staff conducted DEC Orientation Training for newly appointed DEC members.

Contractor Update

All seven Boards continue to meet with the contractor on a bimonthly basis. Maximus hired, Michael Lemberg the new president for their Western Division Health Services Group. BRN scheduled a meeting with him to discuss our protocols and expectations of Maximus as it relates to the Board's Diversion Program.

Diversion Evaluation Committees (DEC)

There are currently six vacancies as follows: one Public, one Physician and four Registered Nurses. Interviews are being conducted and recruitment efforts continue.

Statistics

A copy of the Monthly Statistical Summary Report for October and November 2006 was provided for review. As of November 30, 2006, there were 1189 successful completions.

9.9 Approve/Not Approve: Diversion Evaluation Committee Member Appointment

C. Stanford presented this report

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in chemical dependency and/or mental health.

APPOINTMENTS:

Below is the name of a candidate who was interviewed and is being recommended for appointment to a Diversion Evaluation Committee (DEC). If appointed, her term will expire June 30, 2011.

Cindy Simpson	Public Member	DEC #8	Burbank
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MSC: Phillips/Dutton that the Board approve the DEC member appointment. 6/0/0

9.10 Approve/Not Approve: Diversion/Probation Program: Proposed Goals and Objectives for Calendar Year 2007-2008

C. Stanford presented this report

GOAL 1

The Diversion Program will operate in a manner that protects the consumer and promotes the rehabilitation of registered nurses whose practice may be impaired due to chemical dependency and/or mental illness.

Objective 1.1: The Diversion Program will continue to be strengthened, particularly in the areas of consumer protection, cooperation with other states' rehabilitation programs, and response to effects of the changing health care environment.

- Protect consumers by reviewing statutes and regulations and policies to determine if changes are needed.
- Continue to increase interactions other states' recovery programs.
- Actively continue to recruit for Diversion Evaluation Committee (DEC) members and Nurse Support Group Facilitators in needed locations to continue low vacancy rate.
- Continue to observe DEC meetings to maintain consistency between the DEC's when dealing with participants and to obtain feedback from DEC, participants and Contractor regarding any Program needs.

Objective 1.2: The program will strengthen its outreach to educate registered nurses (RNs), employers of RNs, the health care community and consumers so they will be able to identify impaired practice, intervene, report, and refer individuals to local treatment resources and the Program.

- Give presentations about the Diversion Program in response to requests or when a need is identified.
- Continue to respond to requests from consumers for information about the Diversion Program or supply information when a need is identified.
- Expand use of innovative outreach methods such as use of Internet and other focused outreach efforts.

Objective 1.3: The Board's Diversion Program will interact with the Board's Enforcement Program and others to maintain effective methods of improving consumer protection and will identify innovative methods to improve the Program.

- Continue to work closely with Enforcement staff on cases involving substance abuse and mental health and continue to monitor processes between both programs to determine if revisions are necessary.
- Continue to work with DCA's Contract Unit and other Boards for the awarding and implementation of a new Diversion Contract.

Objective 1.4: The Board's Diversion Program and the Program Contractor will coordinate efforts to improve the monitoring of participants in the Program by those who provide services and information to the Program.

- Continue to meet with the Program Contractor in order to discuss ways to improve the quality of the Program.
- Continue to closely evaluate the processes the contractor has in place to determine if they are meeting the needs of the program.
- Ensure that each individual who interacts with the Diversion Program has the training needed to be effective and supportive of the Program, including DEC members, Board and contractor personnel, and nurse support group facilitators.

Objective 1.5: The Diversion Program will monitor and respond to changes in the health care system.

- Monitor statistical data to determine changes and trends in order to maintain an effective monitoring system for participants.
- Collaborate with the Nursing Practice Committee, Enforcement Program, and the Diversion Program's external network regarding changes that may require new or revised methods of protecting public safety.

GOAL 2

The Probation Program will promote consumer protection by effectively monitoring the rehabilitation of registered nurses who have violated the Nursing Practice Act and related laws.

Objective 1.1 Identify those areas in the Probation Program where changes can be made to increase the effectiveness of the Program and implement the changes.

- Ensure collaboration of Probation and Diversion staff on a regular basis to exchange ideas. Implement appropriate changes where necessary.
- Review forms utilized by the Probation Program to determine if changes need to be made.
- Establish a greater relationship between the Nurse Support Group facilitators and the BRN's Probation Monitors.
- Update information into computer systems to assist with appropriate tracking of probationers.
- Continue streamlining processes to assist probation monitors in effective managing of their increasing caseloads.

MSC: Dietz/Phillips that the Board approve the proposed goals and objectives. 6/0/0

9.11 Information Only: Diversion/Probation Program: 2006 Goals and Objectives – Summary of Accomplishments

C. Stanford presented this report

GOAL 1

The goal of the Diversion Program is to protect the public by early identification of impaired registered nurses and by providing these nurses access to appropriate intervention programs and treatment services.

Several staffing changes occurred during the year in regards to the Diversion Program:

- *The Associate Governmental Program Analyst was promoted to Diversion/Probation Program Manager.*
- *The Staff Service Analyst from the Licensed Vocational Nursing Board was hired by the BRN and promoted to the Associate Governmental Program Analyst position.*
- *The Office Technician from the Probation Unit transferred to the Diversion Program to fulfill the vacated position by a newly hired Office Technician from Department of Finance.*

Objective 1.1: The Diversion Program will continue to be strengthened, particularly in the areas of consumer protection, cooperation with other states' rehabilitation programs, and response to effects of the changing health care environment.

- Protect consumers by reviewing regulations and policies to determine if changes are needed.
 - *The Disciplinary Resources Advisory Panel (DRAP) of the National Council of State Boards of Nursing developed drug-screening standards to be used by Boards of Nursing discipline and alternative programs. These recommendations were provided to the BRN and discussed during a teleconference held in June. The recommended standards were similar to those already established by the Diversion Program further re-enforcing and strengthening BRN's existing policies.*
- Continue to increase interactions with other states' recovery programs.
 - *The Diversion/Probation Program Manager had teleconferences and telephone interviews with two other states regarding our existing Diversion Program processes and experiences with our contractor. Specific information was shared on the pros and cons of having a contractor and the increased ability to protect the public by a contracted personalized monitoring system.*
- Actively continue to recruit and appoint Nurse Support Group Facilitators and Diversion Evaluation Committee (DEC) members in needed locations.
 - *The Diversion/Probation Manager placed an article in the Nurses Association Newsletter requesting that professionals with expertise in chemical dependency apply for appointment to the DEC's. BRN received several applications as a result of that request. These new applicants were placed on the Diversion Program's database system that lists applicants for NSG facilitators and DEC members. Several of the new applicants were subsequently interviewed and subsequently 10 new DEC members 2 new facilitators were appointed.*
 - *An alert is on the BRN web site to notify qualified professionals about the continual ongoing need for DEC members. Applications continue to come in on a periodic basis and are added to the programs database.*
 - *Board members and DEC members continue to be valuable resources and have helped the program obtain qualified applicants.*
- Continue to observe DEC meetings to maintain consistency between the DEC's when dealing with participants and to obtain feedback from DEC, participants and Contractor regarding any Program needs.
 - *Diversion Program Staff attended 21 DEC's throughout the year to orient new DEC members, to identify needs and concerns of DEC members and participants, to support and maintain consistent and effective communication between the different segments of the program.*

Objective 1.2: The program will continue its outreach to educate Registered Nurses (RNs), employers of RNs, the health care community and consumers so they will be able to identify impaired practice, intervene, report, and refer individuals to local treatment resources and the Diversion Program.

- Give presentations about the Diversion Program in response to requests or when a need is identified.
 - *Maximus continues to give presentations per the contract upon request. The Diversion Program Manager gave a presentation at the El Camino Hospital for the Northern California Association of Health Care Recruiters (NCAHCA). Additionally, several Nurse Support Group Facilitators and Diversion Evaluation Committee members gave presentations about the Diversion Program to various organizations within their geographical areas.*
- Respond to requests from consumers for information about the Diversion Program or supply information when a need is identified.
 - *The Diversion Program staff continues to provide brochures, literature, and statistical information upon request. Staff mailed out over 350 packets containing information about the Diversion Program.*
- Expand use of innovative outreach methods such as use of Internet and other focused outreach efforts.
 - *The BRN's website is continuously updated. The DDC agendas and minutes continue to be posted on the website. Staff continue to direct callers to the website and are told it is a great source of immediate information.*

Objective 1.3: The Board's Diversion Program will interact with the Board's Enforcement Program and others to ensure effective methods of improving consumer protection and will identify innovative methods to improve the Program.

- Continue to work closely with Enforcement Unit on cases involving substance abuse and mental health and continue to monitor processes between both programs to determine if revisions are necessary.
 - *The Diversion Program staff and Enforcement staff continue to work closely together and meet when necessary to exchange information regarding nurses who have possible substance abuse or mental health issues. Processes continue to be modified as needed.*
 - *The Diversion/Probation Program Manager invited Enforcement Program staff to attend an in-service presented by Dr. Watrous, a DEC member, with expertise as a treatment provider for the chemically dependent. The training was on the Addictive Personality, Relapse, Rehabilitation, Treatment and Alcohol/Drug Testing.*
 - *The Diversion/Probation Program Manager presented at the BRN/Enforcement Program's Division of Investigation training seminar held in Sacramento. Board staff and representatives from Division of Investigation, Drug Enforcement Agency,*

Department of Corrections and the Attorney General's Office were in attendance. The Diversion Program presentation helped educate the investigators about the program and provide a greater understanding of the program's processes and confidentiality requirements.

Objective 1.4: The Board's Diversion Program and the Program Contractor will coordinate efforts to improve the monitoring of participants in the Program by those who provide services and information to the Program.

- Continue to meet with the Program Contractor in order to discuss ways to improve the quality of the Program and to hold them to the mandates of the contract.
 - *The Diversion Program staff met with the contractor on a monthly basis. The open communication between the Boards and the contractor provided for a superior degree of service by focusing on improving the quality of services Maximus provides in their monitoring and operational systems.*
 - *The Diversion Programs met and discussed improvements needed in the existing contract in preparation for the upcoming contract bid.*
- Closely evaluate the processes the contractor has in place to determine if they are meeting the needs of the program.
 - *The Nursing Education Consultant, Geri Nibbs, and the Diversion Program Manager attended the Maximus' Diversion Quality Management Review Improvement Committee Meetings. These meetings were initiated by Maximus to address specific concerns of the program, to develop and review customer service surveys, to improve communication between the different facets of the program, and to periodically review services provided. They have been attended by different member Boards, DEC members, NSG facilitators, and Kim McKowan, President of Compass Vision. Several issues were addressed surrounding monitoring, testing, and the mandates of the contract. Maximus' customer satisfaction surveys to a random sampling of program participants were also reviewed and evaluated.*
 - *Diversion Program staff began meeting with personnel from DCA's Contract Unit and other Diversion Programs in order to coordinate efforts and a timeline in preparation for releasing the upcoming RFP "Request for Proposal" for a new contract.*
- Continue to hold the contractor to the mandates of the contract.
 - *The Diversion Program staff continues to send Corrective Action reports to the contractor, Maximus. These reports are issued when the BRN had concerns and request further research regarding the contractor's handling of a case or other specific aspects of the program. The amount of reports issued and violations of the contract have been significantly reduced due to the training and close monitoring of the contractor staff.*

- Ensure that each individual who interacts with the Diversion Program has the training needed to be effective and supportive of the Program, including DEC members, Board and contractor personnel, and nurse support group facilitators.
 - *The Diversion Program Staff conducted a DEC Orientation Training in November 9, 2006. Several of the newly appointed DEC members were in attendance along with Maximus staff and a DEC chairperson. Some had been to a DEC prior to the training while others had not.*
 - *The Diversion Program staff and the Contractor Case Manager continue to provide individual training of each new DEC member on a one on one basis at each DEC throughout the year.*

Objective 1.5: The Diversion Program will monitor and respond to changes in the health care system.

- Monitor statistical data to determine changes and trends in order to maintain an effective monitoring system for participants.
 - *The Statistical Summary Report developed by staff provides key program information subtracted from the Contractor's statistical report that enables the reader to get a summarized view of specific trends within the Diversion Program.*
 - *Diversion staff continues to work with Maximus regarding accuracy of statistical data collected and to ensure that all the elements we want to capture are included in their report.*
 - *Maximus developed the Diversion Quality Management Review Improvement Committee. The committee consists of all the Diversion Program leaders, DEC members, NSG facilitators, and Maximus staff. The committee was developed to address specific concerns of the program.*
- Collaborate with the Nursing Practice Committee, Enforcement Program and the Diversion Program's external network regarding changes, which may require new or revised methods of protecting public safety.
 - *Diversion/Probation Program staff attended the workshop put on by the Enforcement Program for the Division of Investigation. Staff was also invited to attend a DEA presentation regarding Drug Enforcement trends and changes.*
 - *Diversion/Probation Program Manager also attended a Substance Abuse Treatment Modalities Workshop in Oakland.*

GOAL 2

The goal of the Probation Program is to protect the public by effectively monitoring the Registered Nurses whose licenses have been placed on probation due to violation of the Nursing Practice Act or other related laws.

Objective 1.1: Identify those areas in the Probation Program where changes can be made to increase the effectiveness of the Program and implement the changes.

- Ensure collaboration of Probation and Diversion staff on a regular basis to exchange ideas. Implement appropriate changes where necessary.
 - *In the fall of 2005, the National Council of State Boards of Nursing (NCSBN) requested the Disciplinary Resources Advisory Panel (DRAP) develop drug-screening standards to be used by Boards of Nursing discipline and alternative programs. This was completed and their recommendations were provided to the Board in their presentation: "Drug Screening as a Regulatory Tool." The Diversion/Probation Program and the Enforcement Program met in June to teleconference with the NCSBN and representative states to discuss their findings. The DRAP had several pertinent recommendations. These recommendations were provided to Probation Staff to be incorporated into their monitoring criteria as appropriate.*
 - *Dr. Watrous, a DEC member for the BRN's Diversion Program, with expertise as a toxicologist, medical review officer, and treatment provider for the chemically dependent, conducted an in-service training for the Probation and Diversion staff in November. The training was on the Addictive Personality, Relapse, Rehabilitation, Treatment and Alcohol/Drug Testing. The training is the first of many planned to enhance and update the staff's knowledge of new developments and trends in the field of chemical dependency and mental illness.*
- Review all forms utilized by the Probation Program to determine if changes need to be made.
 - *Several forms are in the process of being reviewed by Probation staff and legal. A new Quarterly Report form was developed and re-instituted as part of the probationers' requirements. These forms will be due every quarter and will assist the Probation Monitors in managing their cases.*
- Establish a greater relationship between the Nurse Support Group facilitators and the BRN's Probation Monitors.
 - *Nurse Group facilitators are encouraged to diligently support the BRN's probationers and to have greater communication with the Probation Monitor who oversees the probationers within their group.*
- Determine the feasibility of streamlining the random drug testing system for probationers by obtaining an 800 number for probationers to call for drug testing
 - *The Diversion/Probation Program Manager, staff and legal office developed and initiated new guidelines regarding the random drug testing system for probationers. These guidelines outlined specific criteria that Drug Screening Programs must follow in order to be allowed to perform random toxicology drug testing for probationers. In particular they were required to provide a call-in system (toll free telephone number) that will allow probationers to call in daily to determine if they are required to screen. This was crucial to alleviate the Probation staff from being required to contact probationers daily to notify them to test. The current process had been extremely time consuming for staff and had not been the most effective or*

efficient method of random testing. The letters regarding the new drug screening process went out the first week of December and the new phone-in process began January 2, 2007.

- Continue streamlining processes to assist probation monitors in effective managing of their increasing caseloads.
 - *Two Probation Monitors have been delegated to update the Probation Data System and develop processes for entering required information into the BRN's CAS/Teale System. These systems are being updated to provide greater assistance to the Probation Monitors in tracking the compliance or noncompliance of each probationer.*

10.0 REPORT OF THE EDUCATION/LICENSING COMMITTEE

E. Dietz, Chairperson

10.1 Approve/Not Approve: Education/Licensing Committee Recommendations:

M. Bedroni presented this report

- Continue Approval of Nursing Education Programs:
- University of San Diego Entry Level Master's Degree Nursing Program
- Cabrillo College Associate Degree Nursing Program
- Chaffey College Associate Degree Nursing Program
- College of the Canyons Associate Degree Nursing Program
- Cypress College Associate Degree Nursing Program
- De Anza College Associate Degree Nursing Program
- Los Angeles Southwest College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- Continue Approval of Advanced Nursing Education Program:
- University of San Diego Nurse Practitioner Program

MSC: Phillips/Pile that the Board approve the recommendations from the Education/Licensing Committee. 5/0/1 – Corse not present

10.2 Ratify Minor Curriculum Revisions

M. Bedroni presented this report

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University, Bakersfield, Baccalaureate Degree Nursing Program
- California State University, East Bay, Baccalaureate Degree Nursing Program
- Samuel Merritt College, Accelerated Baccalaureate Degree Nursing Program (Sacramento Campus)

- Grossmont College Associate Degree Nursing Program
- Pacific Union College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program

The following program has submitted progress report that has been accepted by the NECs:

- East Los Angeles College Associate Degree Nursing Program

MSC: Phillips/Tate that the Board approve the minor curriculum revisions. 6/0/0

10.3 Accept/Not Accept Feasibility Study for InterAmerican College Entry Level Masters in Nursing

M. Bedroni presented this report

Maria Viramontes de Marin, PhD – Mary Wickman, PhD (Consultant)

InterAmerican College (IAC) is planning to implement an Entry Level Master's in Nursing Program in addition to its current educational offerings. IAC is a non-profit institution of higher education with a primary academic emphasis on education. IAC prepares adult learners in non-traditional programs by bringing experiences to bilingual learners in a global and technological environment.

IAC opened its doors in 1998. Since that time 163 students have enrolled in the Bachelor's and Credential programs. The Western Association of Schools and Colleges (WASC) recently approved IAC and it is anticipated that these numbers will increase. The California Commission on Teachers Credentials also accredits IAC and therefore the largest single program is the Bachelors Degree in Liberal Arts, which accounts for 48% of the students.

One of the characteristics that set IAC apart from other colleges is the diversity of the students, with 70% being Hispanic/Latino. One of the challenges currently facing health care is the lack of culturally and linguistically diverse health care professionals and the IAC proposed program is designed to address this shortage of minority and specialty nurses who are bilingual in Spanish and English, and as an outcome, improve health care in their community.

Currently there are five ADN programs, five BSN programs, and two ELM programs in San Diego County. The closest program to IAC is Southwestern College. However, each school will target different students since this proposed program requires the students to have a previous degree.

IAC intends to work collaboratively with the San Diego Welcome Back Initiative. This institution provides orientation, counseling and support to internationally trained health care workers. The Welcome Back Program will provide an important link to IAC for prospective students and foreign trained physicians who are interested in becoming a Registered Nurse. IAC will work closely with those students who have a baccalaureate and are interested in receiving an MSN.

A partnership has been forged between IAC and Paradise Valley Hospital for this proposed program. Paradise Valley has agreed to provide clinical placement and access to onsite skills lab for IAC ELM students.

IAC plans to enroll 30 students per cohort each fall, with a projected total student enrollment of 120 students for the next five years. The target date of admission to the nursing program is Summer 2007 with classes commencing Fall 2007. IAC currently has the infrastructure to accommodate this proposed program. Students enrolled in IAC that have a non-nursing degree BA or BS will be eligible for this program. Program prerequisites will be offered at IAC to allow the pre-nursing students the opportunity to complete these courses on campus.

The proposed program is for an Entry Level Master. Upon completion of the first three semesters of the program, students will have completed the requirements for licensure and will be eligible to sit for the NCLEX. The prelicensure nursing program will have 18 units of theory and 22 units of clinical nursing.

MSC: Tate/Phillips that the Board accept the feasibility study for InterAmerican College ELM program. 6/0/0

10.4 Grant/Not Grant Initial Approval for California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program

M. Bedroni presented this report

Rose A. Welch, EdD, RN, is the Program Director the Master's Entry Professional Nursing (MEPN) Program and Graduate Coordinator. Carole Shea, PhD, RN, FAAN is the Director of School of Nursing College of Health and Human Services.

Miyo Minato, NEC conducted an initial approval visit at CSUDH on December 6, 2006. The program was found to be in compliance with the Board's rules and regulations. Two recommendations were made.

The proposed program will admit a cohort of 24 to 30 students each year, who have a prior bachelor's degree in a field other than nursing. The program plans to start this new program in Spring 2007.

The curriculum is based on AACN's Clinical Nurse Leader Curriculum Framework for Client-Centered Healthcare. It will be an accelerated, intensive, full-time pre-licensure master's program that is offered over five academic semesters, including a summer session. The prelicensure courses are interspersed with the core master's courses during the five semesters. In the last semester of the curriculum, the program includes a 3-unit preceptorship course (144 hours) for full integration of the RN role for students. Upon successful completion of the **total program** the graduate will receive a Master's degree and be eligible to sit for the NCLEX.

Total Pre-licensure Content Required for licensure is 70 units, of which there are 46 nursing unites (24 theory unites; 22 clinical unites), 6 communication units, and 18 science units. There are an additional 38 units; 9 prerequisite units for MEPN and 29 units of core Master's units. The MEPN program requires 108 units.

MSC: Phillips/Tate that the Board grant initial approval of CSU Dominguez Hills, ELM Program. 6/0/0

10.5 Grant/Not Grant Initial Approval for Citrus College Associate Degree Nursing Program

M. Bedroni presented this report

The BRN accepted the feasibility study on September 15, 2006, and on December 12, 2006, Maria Bedroni, SNEC, conducted the initial approval visit at Citrus College.

The total nursing program will have 83 units with 41 units of nursing (23 theory; 19 clinical), 6 units of communication, 19 units for sciences and 17 units for graduation requirements. Since CC has an LVN program, initially the ADN program will begin with advanced placement students in the third semester, Fall 2007. They plan to admit the first cohort of students, Fall 2008.

Upon approval of the program, CC will sign the contract with the clinical agencies and will submit the required forms for faculty approval. The NEC assigned to this program will make a visit prior to the opening of the program (Summer 2007) to ensure that all required resources are in place to admit students. The new proposed ADN program is in compliance with the BRN's rules and regulations. Three recommendations were made.

MSC: Phillips/Corse that the Board grant initial approval of Citrus College ADN Program. 6/0/0

10.6 Grant/Not Grant Initial Approval of Unitek College LVN to RN Associate Degree Nursing Program

M. Bedroni Minato presented this report

Janette Wackerly, RN, NEC completed a site visit on December 20, 2006, and the nursing program is in compliance with the BRN's rules and regulations. The program is hiring qualified faculty, has contracts for clinical sites, and currently updating space and equipment for the skill/simulation laboratory.

The curriculum model for the RN program utilizing the conceptual framework (organization of The Roy's Theory of Adaptation, Jean Watson's Caring Theory, and the NLN Roles of Practice, was submitted for approval.

The LVN to RN curriculum consists of two 15-week semesters; the total units for the program are 67.3 units.

MSC: Tate/Phillips that the Board grant initial approval of Unitek College LVT to RN ADN Program. 6/0/0

10.7 Information Only: Preliminary 2005-2006 Annual School Report

C. Mackay presented this report

The 2005-2006 BRN Annual School Survey was conducted and analyzed by UCSF this year. A preliminary report reflecting data collected by November 22, 2006, was presented at the ELC meeting and the report was finalized with data from the outstanding schools and presented to the Board for review. The BRN 2005-2006 Annual School Report will be available for public distribution and will be posted on the BRN's website.

It is anticipated that the BRN Trends in Nursing Education Statewide Report will be presented at the April 2007 Board meeting, and the BRN Trends in Nursing Education Regional Reports will be presented at the June 2007 Board meeting.

10.8 Ratify Major Curriculum Change – Sonoma State University in partnership with Indiana State University

C. Mackay presented this report

Indiana State University (ISU) developed a partnership with Sonoma State University (SSU) in order to gain access to California clinical facilities for students in its LVN to BSN Distance Education program. SSU will provide the opportunity for ISU nursing students to obtain clinical experience on a contract education basis.

Following BRN acceptance of the signed Memorandum of Agreement (MOA), ISU plans to recruit and admit students in California to the program. The College Network will be assisting them in this process. It is anticipated that prerequisite science and general education courses could take between 12 to 24 months for a student to complete. This means some nursing students may be eligible for clinical placement in January 2008.

The ISU nursing courses include concurrent theory and clinical experience. A preceptorship model will be utilized for clinical instruction. ISU will employ a faculty coordinator(s) who meets the requirements of instructor (CCR 1425(d)). This individual(s) will be responsible for ensuring that the precepted experiences conform to the BRN Preceptorship Guidelines, and that implementation of the preceptorship is consistent with ISU's curriculum. The clinical preceptors for the ISU students will meet the requirements of Assistant Instructor (CCR 1425 (e)). A list of the clinical facilities used for the precepted experiences will be maintained. The students will be graduates of Indiana State University.

MSC: Morales-Board/Phillips that the Board approve the major curriculum change. 6/0/0

10.9 Information Only: NCLEX Update – California Registered Nurses Participating in NCSBN NCLEX Item Development Program Activities

M. Bedroni presented this report

Each year the NCSBN invites registered nurses from member board jurisdictions to participate in various activities related to the ongoing review and development of the NCLEX examinations, both RN and PN/VN. Listed below are seven registered nurses from California who participated in these exam related activities from October 1, 2006-December 31, 2006.

<u>Participant Name (s)</u>	<u>Activity</u>
Carrie Lou Vevoda, RN	RN Item Review Panel
Gerald Lee Thompson, RN	PN Item Writing Panel
Steve Lee, RN	RN Item Review Panel
Andrea Lynn Andres, RN	RN Master Pool Review Panel
Barbara Joan Dries, RN	RN Item Writing Panel
Debra Louise Lannom, RN	PN Item Writing Panel
Mary Vivian Morones Aranda, RN	RN Item Review Panel

10.10 Information Only: NCLEX Pass Rate Update

M. Bedroni presented this

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES January 1, 2006 – December 31, 2006

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	7,544	87.78
United States and Territories	110,712	88.11

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES By Quarters and Year – January 1, 2006-December 31, 2006

1/01/06- 3/31/06*		4/01/06- 6/30/06*		7/01/06- 9/30/06*		10/01/06 12/31/06*		1/01/06- 12/31/06*	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
2,127	89.14	1,464	87.02	3,430	88.54	523	79.35	7,544	87.78

*Includes (2), (7), (4) & (12) “re-entry” candidates

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year, if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests that the program director submit a report outlining the program's action plan to address this substandard performance. Should this substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

The Board will continue to monitor results.

11.0 Report of the Nursing Practice Committee

S. Phillips, Chairperson

11.1 Information Only: Overview of Presentation Related to Medical Errors

J. Wackerly presented this report

On January 11, 2007, Suzanne Graham PhD, RN, Director Patient Safety, California Region, Kaiser Foundation Health Plans, Inc presented “Responsible Reporting and Accountability in a “Just Culture”. Dr. Graham referenced Dr. Lucian Leape, Professor of Public Health, Harvard School of Public Health, and testimony before Congress on Health Care Quality Improvement. Dr. Leape stated that the single greatest impediment to error prevention in the medical industry is that we punish people who make errors.

Graham described that when an error takes place in healthcare, leaders and managers must make a decision on how to handle the error. Should discipline take place? Should the situation be utilized as a learning activity? Should the situation be ignored because the error did not cause harm to the patient? Should the person be terminated immediately because the patient was harmed?

The Kaiser Policy and Procedure on Responsible Reporting and Accountability notes the following:

Despite constant and committed efforts to provide safe health care, from time to time, patients are harmed due to medical errors or adverse events. Because most medical errors, adverse events and/or near misses involve multiple factors, including problematic systems and processes, strategies aimed at punishing clinicians who make errors, adverse events and/or near misses are misguided and result in severe under-reporting. This, in turn, results in an organizational inability to learn, improve, and prevent future medical errors, adverse events and/or near misses. As a result, it is essential that Kaiser create a non-punitive reporting system.

It is the policy of Kaiser Permanente, Northern California that leadership and management are responsible for creating and sustaining an environment in which staff and physicians are able to report without fear of punishment. When medical error, adverse events, and or a near miss occur, it is the responsibility of physicians and staff to report the event through established mechanisms. It is also the responsibility of the leaders, physicians, and staff to take action to address the root cause and prevent the mistake or unintended failure from happening again. Graham described the exception: “Punitive discipline is indicated when the employee is under the influence of drugs or alcohol: has deliberately violated rules or regulations; specifically intended to cause harm: or engaged in egregious negligence.

11.2 Information Only: 2006 Goals and Objectives – Summary of Accomplishments

J. Wackerly presented this report

Goal: In support of the consumer's right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.

Objective Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

Liaison to Practice Committee upon request of the Department of Social Services, Community Care Licensing, Assisted Living, Child Care and Elder Care responded to questions regarding RN scope of practice, related to unlicensed care providers practices and medical technology dependent client care provided by unlicensed assistive personnel.

Goal: Evaluate the impact on patient safety of nursing care being provided by other licensed/certified health care personnel, when the care may not be legally authorized.

Objective Monitor the provision of nursing care by other licensed/certified health care personnel for the possible unauthorized practice of nursing.

Objective Monitor activities of other regulatory agencies to ensure that any actions which affect registered nursing practice will be in accord with the Nursing Practice Act.

Board staff interacted with RNs, Advanced Practice Nurses, and the general public regarding RN scope of practice in performing aesthetic and/or dermatological medical treatments in Med Spa's. The committee reviewed and discussed the Medical Board of California Action Report June 2006 "Use of Mid-Level Practitioners for Laser, Dermabrasion, Botox and Other Treatments". Board staff continues to monitor RN practice and frequently asked questions about Med Spa practices.

The board staff continues to respond to questions about medication administration in public schools. In order to provide information to RNs and the public the "Notice of California State Board of Education Response to Frequently Asked Questions on Medication Administration in Schools" has been made available.

With many children in schools requiring special health care services, board staff prepared an informational statement as recommended by the committee. The informational statement is as a result of Children in Schools with Specialized Physical Health Care Services that provides any individual with exceptional needs who requires specialized physical health care services during the school day to be assisted by certain specified individuals designated school personnel. (AB 1667 (Salanda) Chaptered 414 effective 01/01/06).

Goal: Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.

Objective Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

Objective As nursing practice issues arise, convene BRN focus groups of RNs for input in promulgating regulations, as needed to address the issues

A legislator's office inquired about RN scope of practice while working in Med Spa and what treatment and procedures RNs are reported to be performing. Board staff responded to the legislator's office. The practice committee recommended that information about Senator Figueroa's legislation be made available to RNs and the general public. Business and Professions Code, was amended adding Section 2023 requiring the Medical Board in conjunction with BRN, Physician Assistant Committee and other professionals to evaluate and study issues in use of laser or intense light pulse devices. (SB 1423 (Figueroa) Chapter 873 effective 01/01/07)

For the improvement of patient care and in support of interdisciplinary practice, the practice committee provided information about speech-language pathologist performing flexible endoscopic procedure as described in Business and Professions Code, Section 2530.2 Speech-Language Pathologists. Amendment to BPC authorizes a speech-language pathologist to perform flexible endoscopic procedures in any facility that has emergency medical back-up procedures. Previously speech-language pathologist could perform flexible endoscopic procedures, as specified, only in an acute care setting that had a protocol for emergency medical backup procedures. (SB 1285 (Aanestad) Chapter 153 effective 01/01/07)

Goal: Identify and implement strategies to impact identified trends and issues in nursing and health care.

Objective Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.

Objective Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.

There was collaborating between the Education/Licensing Committee and Practice Committee to develop Clinical Nurse Specialist regulations. There was an appointment of a Clinical Nurse Specialist Advisory Committee on current practice and regulations.

Goal: Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

Objective: Support and promote full utilization of advanced practice nurses.

In support of NP and CNM Medi-Cal reimbursement the board staff coordinated and cooperated with California Planned Parenthood Fund representative, Medi-Cal policy administrators, DHS, and California Association of Nurse Practitioners and California Nurse Midwifery Association representatives to allow reimbursement for identified codes in the Current Procedural Terminology Codes (CPT) listed in the Medi-Cal Manual and additional medical and surgical procedural codes as identified by Planned Parenthood.

Board staff brought to the attention of the practice committee Welfare and Institutions Code, Section 14132.41 that provides Medi-Cal reimbursement to nationally certified nurse practitioners in the specialty of Family Nurse Practitioner and Pediatric Nurse Practitioner for care and treatment of public assistance recipients and certain low income persons.

To inform nurse practitioners who are nationally certified in a specialty and to inform the general public, the practice committee requested board staff to make available changes to the Welfare and Institutions Code. As amended by AB 1591, Chan, Chapter 719 Section 14132.41 of Welfare and Institutions Code effective January 1, 2007, DHS must permit nationally certified nurse practitioners in a specialty to bill Medi-Cal independently for his or her services, and the department must make payment directly to the certified nurse practitioner.

The practice committee reviewed the Pharmacy Board information for Prescription Container-Requirements for labeling. The label on the prescription container dispensed from an outpatient pharmacy requires a description of the medication, including color, shape, and any identification code that appears on the tablets or capsules. (Business and Professions Code 4076 effective 01/01/04.) Pharmacy board was aware that the change had significant impact on outpatient pharmacy operations.

Objective: Monitor trends and growing opportunities for advanced practice nursing, NP, CNM, CRNA, and CNS.

Staff brought to the committee's attention the need for the National Provider Identifier as required the US Department of Health and Human Services, CMS, Centers for Medicare and Medicaid Services: National Provider Identifier: Nurse Practitioner and Nurse Midwives. The purpose of National Provider is to assign a unique national identifier number to each and every provider of Medicare healthcare services: individuals, organizations and groups. National Council State Board of Nursing also provided the National Provider Identifier information for all member boards.

Objective: Actively participate with organizations and agencies focusing on advanced practice nursing.

To support NP practice, the committee was made aware of the amended Vehicle Code allowing NPs, CNMs and PAs to sign for parking placards. Vehicles: disabled persons: disabled veterans: parking placards signed by nurse practitioners, nurse midwives and physician assistants. (Assembly Bill No. 2120, Lui, Chaptered 116 approved by Governor A. Schwarzenegger, July 24, 2006 amends Section 5007, 9105, 9105, 22511.55 of Vehicle Code)

Board staff was invited to attend the American Association of Nurse Practitioner, Region 9 meeting in San Jose California on October 9, 2006. The meeting was conducted by AANP. NPs representation included Arizona, Hawaii, Oregon and California.

California Association of Nurse Practitioners requested discussion with BRN about promulgation of additional regulatory language for Article 8 Standards for Nurse Practitioners Section §1480 Definitions, § 1481 Categories of Nurse Practitioners and § 1485 Scope of Practice. Discussions are ongoing.

Objective: In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

Following approval by the Board of Registered Nursing the informational items are added to the BRN Website for public information.

12.0 Election of Officers for 2007

L. Tate, Public Member was elected President of the Board for 2007, and S. Phillips, MSN, RN, APRN-BC, FNP was elected Vice-President of the Board for 2007.


MSC: Dietz/Dutton that the board elects Tate and Phillips as president and vice-president for 2007.
6/0/0

13.0 Open Forum


O. Hammer, ClearSight, regarding continuing education courses approved by the Board.

G. Clavreul. regarding continuing education course offered through California Nurses Association (CNA)

Meeting Adjourned at 11:50 am



Ruth Ann Terry, MPH, RN
Executive Officer



L. Tate
President